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Image# 201601159004508378

**FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

ronw 3X	For Other Than An Au	thorized Committe	е		Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typino over the lines.	g, type	12FE4M5	
American Academy	of Physician Assistant	s Political Action	Committe	e (PA PA	.C)
ADDRESS (number and street) ▼	2318 Mill Road Suite 1300				
Check if different than previously reported. (ACC)	Alexandria			VA	22314
2. FEC IDENTIFICATION	NUMBER ▼ C	ITY 🛦	S	TATE 🛦	ZIP CODE ▲
C C00122499		IS THIS NI REPORT X (N	EW ) <b>OR</b>	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		ay 20 (M5) un 20 (M6)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:  April 15	Ap	or 20 (M4)	ıl 20 (M7)	Oct 2	Year Only)  20 (M10)  Jan 31 (YE)
Quarterly Report  July 15	(c) 12-Day	Primary (12P)		General (	12G) Runoff (12R)
Quarterly Report October 15 Quarterly Report	Report for the:	Convention (1	2C)	Special (1	<b>12S</b> )
January 31 Year-End Report	Flori	ion on	D D / Y		in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)		General (30G)		Runoff (3	OR) Special (30S)
Termination Repo	ort	ion on	D = D / Y	Y	in the State of
5. Covering Period	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	12	/ 31 /	2015
I certify that I have examined	this Report and to the best of	of my knowledge and be	elief it is true	, correct and	complete.
Type or Print Name of Treasu	ırer Jennifer L. Dorn				
Signature of Treasurer	nnifer L. Dorn	[Electronically	Filed] Da	ate 01	15 / 2016
NOTE: Submission of false, err	oneous, or incomplete informati	on may subject the perso	on signing this	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Physician Assistants Political Action Committee (PA PAC)

2015 2015 Report Covering the Period: 10 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 89269.15 January 1. 2015 (b) Cash on Hand at 108416.82 Beginning of Reporting Period..... 48310.42 5380.44 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 113797.26 137579.57 6(a) and 6(c) for Column B)..... 12164.92 35947.23 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 101632.34 101632.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Physician Assistants Political Action Committee (PA PAC)

Report Covering the Period: From:	10 01 2015	To: 12 / 31 / 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:  (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	788.44	9738.44
(ii) Unitemized(iii) TOTAL (add	4592.00	38571.98
Lines 11(a)(i) and (ii)	5380.44	48310.42
(b) Political Party Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  12. Transfers From Affiliated/Other	5380.44	48310.42
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00 ds	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5380.44	48310.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5380.44	48310.42

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O (a	perating Expenditures:  a) Allocated Federal/Non-Federal Activity (from Schedule H4)		outonadi Todi to Bato
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	. 11		
	Expenditures	164.92	1447.23
(c	e) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	164.92	1447.23
Tr	ransfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
Fe ar	ederal Candidates/Committees nd Other Political Committees	12000.00	34500.00
	dependent Expenditures	0.00	0.00
C	oordinated Party Expenditures		
(2 (u	U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
(a	efunds of Contributions To:  Individuals/Persons Other  Than Political Committees	0.00	0.00
(b (c		0.00	0.00
(0	(such as PACs)	0.00	0.00
(d	l) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
0	ther Disbursements	0.00	0.00
F	ederal Election Activity (2 U.S.C. §431(20))		
(a	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(I) II II I	0.00	0.00
(b	(ii) "Levin" Share  ) Federal Election Activity Paid Entirely	0.00	0.00
( -	With Federal Funds	0.00	0.00
(c	t) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
т.	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	12164.92	35947.23
	otal Federal Disbursements		
(s	subtract Line 21(a)(ii) and Line 30(a)(ii)	12164.92	35947.23

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5380.44	48310.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5380.44	48310.42
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	164.92	1447.23
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	164.92	1447.23

Use separate schedule(s) for each category of the

FOR LINE	-	: PAGE	6 OF	17
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Physician Assistants Political Action Committee (PA PAC) Full Name (Last, First, Middle Initial) Kristin Butterfield-Vickery Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 2015 10 31 City Zip Code State Transaction ID: C3191405 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Kristin Butterfield-Vickery Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 11 19 2015 City State Zip Code Transaction ID: C3195627 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Kristin Butterfield-Vickery Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 12 18 2015 City Zip Code State Transaction ID: C3217875 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 31.00 С federal political committee. Name of Employer Occupation American Academy of Physician Assistan Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 93.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Physician Assistants Political Action Committee (PA PAC) Full Name (Last, First, Middle Initial) Jennifer Dorn Date of Receipt Mailing Address 2318 Mill Rd Ste 1300 2015 10 31 City Zip Code State Transaction ID: C3191397 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Dorn Date of Receipt Mailing Address 2318 Mill Rd Ste 1300 11 19 2015 City State Zip Code Transaction ID: C3195618 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Dorn Date of Receipt Mailing Address 2318 Mill Rd Ste 1300 18 2015 City Zip Code State Transaction ID: C3217458 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation CEO American Academy of Physician Assistan Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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(check	only or	ne)						
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13	, [	14		15		16		17

	tatements may not be sold or used by any personance and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Physicial	n Assistants Political Action Comm	nittee (PA PAC)
Full Name (Last, First, Middle Initial)  Tillie Fowler  Mailing Address 2318 Mill Rd Suite 1300		Date of Receipt
City Alexandria	State Zip Code VA 22314-6868	10 31 2015  Transaction ID : C3191410  Amount of Foots Respire this Period
FEC ID number of contributing federal political committee.	C 22314 0000	Amount of Each Receipt this Period 40.00
Name of Employer  American Academy of Physician Assistan  Receipt For:  Primary General  Other (specify) ▼	Occupation Staff  Aggregate Year-to-Date ▼  520.00	
Full Name (Last, First, Middle Initial)  Tillie Fowler  Mailing Address 2318 Mill Rd Suite 1300		Date of Receipt
City Alexandria  FEC ID number of contributing federal political committee.	State Zip Code VA 22314-6868	11 19 2015  Transaction ID : C3195633  Amount of Each Receipt this Period  40.00
Name of Employer American Academy of Physician Assistan  Receipt For: Primary General Other (specify)	Occupation Staff  Aggregate Year-to-Date ▼  520.00	
Full Name (Last, First, Middle Initial)  Tillie Fowler  Mailing Address 2318 Mill Rd Suite 1300  City	State Zip Code	Date of Receipt  12 18 2015
Alexandria  FEC ID number of contributing federal political committee.  Name of Employer  American Academy of Physician Assistan  Receipt For:  Primary  General  Other (specify)	Occupation Staff Aggregate Year-to-Date ▼  520.00	Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	120.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 9 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Physician Assistants Political Action Committee (PA PAC) Full Name (Last, First, Middle Initial) Sandra (Sandy) Harding Date of Receipt Mailing Address 2318 Mill Rd Ste 1300 2015 10 31 City Zip Code State Transaction ID: C3191404 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 38.48 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Senior Director, Federal Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General 353.92 Other (specify) Full Name (Last, First, Middle Initial) B. Sandra (Sandy) Harding Date of Receipt Mailing Address 2318 Mill Rd Ste 1300 19 2015 11 City State Zip Code Transaction ID: C3195626 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 38.48 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Senior Director, Federal Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General 353.92 Other (specify) Full Name (Last, First, Middle Initial) c. Sandra (Sandy) Harding Date of Receipt Mailing Address 2318 Mill Rd 12 18 2015 Ste 1300 City Zip Code State Transaction ID: C3234823 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 38.48 С federal political committee. Name of Employer Occupation American Academy of Physician Assistan Senior Director, Federal Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General 353.92 Other (specify) 115.44 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Physician Assistants Political Action Committee (PA PAC) Full Name (Last, First, Middle Initial) Erin Middleton Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 2015 10 31 City Zip Code State Transaction ID: C3191402 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) B. Erin Middleton Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 11 19 2015 City State Zip Code Transaction ID: C3195623 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Erin Middleton Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 18 2015 City Zip Code State Transaction ID: C3217517 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation American Academy of Physician Assistan Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Physician Assistants Political Action Committee (PA PAC) Full Name (Last, First, Middle Initial) Erika Miller Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 2015 10 31 City Zip Code State Transaction ID: C3191413 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Erika Miller Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 11 19 2015 City State Zip Code Transaction ID: C3195634 VA Alexandria 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation American Academy of Physician Assistan Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Erika Miller Date of Receipt Mailing Address 2318 Mill Rd Suite 1300 18 2015 City Zip Code State Transaction ID: C3218288 Alexandria VA 22314-6868 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation American Academy of Physician Assistan Staff Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBE (check only one)

X 11a 11b

FOR LINE	-	: PAGE	= 12 OF	17
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

$\geq$	NAME OF COMMITTEE (In Full)  American Academy of Physician	n Assistants Political Action Comm	nittee (PA PAC)
Α.	Full Name (Last, First, Middle Initial) JP Thompson PA-C		Date of Receipt
	Mailing Address 28821 Chardon Rd		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Willoughby Hills	State         Zip Code           OH         44092-2613	Transaction ID : C3231536  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	40.00
	Name of Employer Cleveland Clinic Foundation	Occupation PA	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  365.00	
— В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	
	Name of Employer	Occupation	
	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼	
s	SUBTOTAL of Receipts This Page (optional)		40.00

TOTAL This Period (last page this line number only).....

788.44

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 13 OF 17
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Departs and City	monte may not be cold as			
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Academy of Physician A	ssistants Political Ad	tion Comm	nittee (PA PAC	)
Full Name (Last, First, Middle Initial)			Data of District	
A. Bank of America			Date of Disbursem	
Mailing Address 600 N Washington St			10 31	2015
City	State Zip Code		Transaction ID :	D170404
Alexandria	VA 22314-1914		mansaciidii iD .	₩ 1 VTVT
Purpose of Disbursement Bank Fee			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		54.96
Office Sought: House Disburse Senate	ment For: 2016 Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. Bank of America			Date of Disbursem	
Mailing Address 600 N Washington St			11 30	2015
Alexandria	State Zip Code VA 22314-1914		Transaction ID :	D170405
Purpose of Disbursement Bank Fee			Amount of Each D	sisbursement this Period
Candidate Name		Category/ Type		54.93
	ment For: 2016 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			5	
C. Bank of America			Date of Disbursem	
Mailing Address 600 N Washington St			12 31	2015
City Alexandria	State Zip Code VA 22314-1914		Transaction ID :	D170406
Purpose of Disbursement				
Bank Fee  Candidate Name		Category/ Type	Amount of Each D	isbursement this Period 55.03
Office Sought:    House   Disburse	ment For: 2016 Primary General Other (specify)	1996		
Side District.				
SUBTOTAL of Disbursements This Page (optional)		······•	-	164.92
TOTAL This Period (last page this line number only	)		7	164.92

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SCHEDULE B (FEC Form 3X)	Llea congreta cohodula(a)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)  22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.			
NAME OF COMMITTEE (In Full)		_	
American Academy of Physician A	ssistants Political Ac	tion Comn	nittee (PA PAC)
Full Name (Last, First, Middle Initial)			B (B: )
A. PALLONE FOR CONGRESS  Mailing Address PO Box 3176			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			12 04 2013
City Long Branch	State Zip Code NJ 07740		Transaction ID : D170399
Purpose of Disbursement	07740		
Primary 2016 re-election			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Frank Pallone Jr.  Office Sought: House Disburse	ment For: 2016	Туре	7
Senate President	Primary General Other (specify) ▼		
State: NJ District: 06			
Full Name (Last, First, Middle Initial)  B. FRIENDS FOR JIM MCDERMOT	Γ		Date of Disbursement
Mailing Address PO BOX 21786			11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SEATTLE	State Zip Code WA 98111		Transaction ID : D170389
Purpose of Disbursement Primary 2016 re-election			Amount of Each Disbursement this Period
Candidate Name Rep. Jim McDermott		Category/	1000.00
•	ment For: 2016	Туре	
	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. FRIENDS OF JOE PITTS			Date of Disbursement
Mailing Address PO BOX 775			11 02 2015
City Unionville	State Zip Code PA 19375		Transaction ID : D170390
Purpose of Disbursement Primary 2016 re-election			Amount of Each Disbursement this Period
Candidate Name Rep. Joe Pitts		Category/ Type	1000.00
•	ment For: 2016 Primary General Other (specify)	туре	
SUBTOTAL of Disbursements This Page (optional).		······	3500.00
TOTAL This Period (last page this line number only	)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 17
ITEMIZED DISBURSEMENTS	Use separate sched for each category of	f the	,
	Detailed Summary F	Page  210	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full)	e name and address of any	pontiour committee te	Solicit contributions from such committee.
American Academy of Physicia	n Δecistante Politic	al Action Comr	nittee (PA PAC)
American Academy of Finysicia	iii Assisianiis i Uiilic	ai Action Comi	ilitiee (i A i AC)
Full Name (Last, First, Middle Initial)			
A. DOLD FOR CONGRESS			Date of Disbursement
Mailing Address DO DOV 2040			M M / D D / Y Y Y Y Y
Mailing Address PO BOX 6312			11 16 2015
City	State Zip Code		
LIBERTYVILLE	IL 60048		Transaction ID : D170392
Purpose of Disbursement Primary 2016 re-election			
Candidate Name			Amount of Each Disbursement this Period
Rep. Robert J. Dold		Category/ Type	1000.00
•	oursement For: 2016	Туре	
Senate	Y Primary Gen	eral	
President	Other (specify) ▼		
State: IL District: 10			
Full Name (Last, First, Middle Initial)			
B. SCHATZ FOR SENATE			Date of Disbursement
Mailing Address PO BOX 3828			12 04 2015
Mailing Address PO BOX 3020			12 04 2010
City	State Zip Code		Transaction ID : D170400
HONOLULU	HI 96812		
Purpose of Disbursement Primary 2016 re-election			Amount of Each Disbursement this Period
Purpose of Disbursement		Cotogony	Amount of Each Disbursement this Period
Purpose of Disbursement Primary 2016 re-election		Category/ Type	Amount of Each Disbursement this Period
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz	oursement For: 2016		
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate	Primary Gen	Type	
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President		Type	
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Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President  State: HI District: 00	Primary Gen	Type	Date of Disbursement
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Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671	Primary Gen Other (specify) ▼	eral	Date of Disbursement
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671  City	Primary Gen Other (specify) ▼  State Zip Code	eral	Date of Disbursement
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671	Primary Gen Other (specify) ▼	eral	Date of Disbursement  1000.00  Date of Disbursement  12  04  2015
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671  City ROGERS	Primary Gen Other (specify) ▼  State Zip Code	eral	Date of Disbursement  12  1000.00
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671  City ROGERS Purpose of Disbursement Primary 2016 re-election  Candidate Name	Primary Gen Other (specify) ▼  State Zip Code	eral	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671  City ROGERS Purpose of Disbursement Primary 2016 re-election  Candidate Name Sen. John Boozman	Primary Gen Other (specify) ▼  State Zip Code AR 72757	eral	Date of Disbursement  12
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671  City ROGERS Purpose of Disbursement Primary 2016 re-election  Candidate Name Sen. John Boozman  Office Sought: House Disl	Primary Gen Other (specify) ▼  State Zip Code AR 72757	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Primary 2016 re-election  Candidate Name  Sen. Brian Schatz  Office Sought:  House Senate President State: HI District: 00  Full Name (Last, First, Middle Initial)  C. BOOZMAN FOR ARKANSAS  Mailing Address PO BOX 671  City ROGERS Purpose of Disbursement Primary 2016 re-election  Candidate Name Sen. John Boozman  Office Sought: House Senate	Primary Gen Other (specify) ▼  State Zip Code AR 72757   Dursement For: 2016  Primary Gen	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)	Hee comments as best to	\(\alpha\)	FOR LINE NUMBER: PAGE 16 OF 17			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	l (orlook orli)	· · · · · · · · · · · · · · · · · · ·	] 04		
	Detailed Summary Pag		22 X 23 24 25 28a 28b 28c 29	26 30		
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or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
$\Big angle$ American Academy of Physician	Assistants Political	Action Comn	nittee (PA PAC)			
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A. ENZI FOR US SENATE	Date of Disbursement					
	12 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address PO BOX 2775						
City	State Zip Code					
CODY	WY 82414		Transaction ID : D170401			
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Primary 2016 re-election		ا لــــــا إـــــــا	Amount of Each Disbursement this P	'eriod		
Candidate Name Sen. Michael B. Enzi		Category/	1000.	00		
	rsement For: 2016	Туре				
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B. PEOPLE FOR PATTY MURRAY	ſ		Date of Disbursement			
Mailing Address PO BOX 3662			11 16 2015	Υ		
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SEATTLE Purpose of Disbursement	WA 98124					
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Sen. Patty Murray		Type	1000.	.00		
	rsement For: 2016					
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Mailing Address PO BOX 2882			11 16 2015			
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WILMINGTON	DE 19805		Transaction ID : D170394			
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Sen. Thomas R. Carper		Category/ Type	1000.	00		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 17 OF 17	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 X 23		
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NAME OF COMMITTEE (In Full)					
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A. Team Ryan	Date of Disbursement				
Mailing Address PO Box 4418			11 18	2015	
,	State Zip Code GA 30302-4418		Transaction ID : D17	70455	
Atlanta Purpose of Disbursement	GA 30302-4418				
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Paul Ryan		Category/ Type		2500.00	
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